## DECLARATION FOR NON-PROVISIONAL PATENT APPLICATION'

As below named inventors, we hereby declare that:

Our residences, post office addresses and citizenships are as stated below at 201 et seq. beneath our names.

I believe I am the original, first and sole inventor if only one name is listed at 201 below, or an original, first and joint inventor if plural names are listed at 201 et seq. below, of the subject matter which is claimed and for which a patent is sought on the invention entitled

## COATED MEDICAL DEVICE AND METHOD FOR MANUFACTURING THE SAME

is attached hereto and					
was filed in the United States	s on Concurrently herewith a	s Application No. (for declars	ation not accompanying	application)	
with amendment(s) filed on	(if applicable)				•
☐ was filed as PCT internations				•	
I hereby state that I have reviewed amendment referred to above	and understand the contents	of the above identified app	lication, includir	ng the claims, as an	nended by any
I acknowledge the duty to disclose Regulations,§1.56.	information known to me to	be material to patentability	as defined in Ti	itle 37, Code of Fe	deral
I hereby claim foreign priority bene certificate listed below and have als of the application on which priority	so identified below any foreig	tates Code, §119(a)-(d) of gn application for patent or	any foreign appl inventor's certif	ication(s) for pater icate having a filin	nt or inventor's  g date before that
EARLIEST FOREIGN	APPLICATION(S), IF ANY	Y, FILED PRIOR TO THE	FILING DATE	OF THE APPLIC	ATION
APPLICATION NUMBER	COUNTRY		F FILING onth, year)	PRIORIT	TY CLAIMED
				YES 🗆	NO 🗆
				YES □	NO □
hereby claim the benefit under Tit		119(e) of any United States			elow.
PROVISIONAL APPI	LICATION NUMBER		FILH	NG DATE	
matter of each of the claims of this a paragraph of Title 35, United States as defined in Title 37, Code of Fede	application is not disclosed ir Code §112, I acknowledge t ral Regulations, §1.56 which	n the prior United States ap he duty to disclose informa	plication in the ration known to n	manner provided by ne which is materia	y the first
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hereby claim the benefit under Titmatter of each of the claims of this a paragraph of Title 35, United States as defined in Title 37, Code of Fedenational or PCT international filing NON-PROVISIONAL APPLICATION SERIAL NO.	application is not disclosed in Code §112, I acknowledge to ral Regulations, §1.56 which date of this application:	n the prior United States ap he duty to disclose informa	plication in the ration known to not the filing date of	manner provided be which is materized the prior application.	y the first
natter of each of the claims of this a paragraph of Title 35, United States as defined in Title 37, Code of Fedenational or PCT international filing NON-PROVISIONAL	application is not disclosed in Code §112, I acknowledge to ral Regulations, §1.56 which date of this application:	n the prior United States ap he duty to disclose informa became available between	plication in the ration known to not the filing date of the filing date of STAT	manner provided be which is materized the prior application.	y the first Il to patentability tion and the

for use only when the application is assigned to a company, partnership or other organization.

		SIGNATURE OF INVENTOR 205		DATE	
	POST OFFICE ADDRESS	STREET 200 Warren Street	Waltham	MA	02453
	CITIZENSHIP	Waltham	MA	02453	
	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENS	HP
	FULL NAME OF INVENTOR	LAST NAME Freyman	FIRST NAME Toby	MIDDLE NAME	
		SIGNATURE OF INVENTOR 205		DATE	
	POST OFFICE ADDRESS	10 Hackfeld Road #2	Worcester	MA	01609
	POST OFFICE	STREET	СПУ	STATE OR COUNTRY	ZIP CODE
	RESIDENCE & CITIZENSHIP	Worcester	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENS U.S.A.	нгр
	FULL NAME OF INVENTOR	LAST NAME Kulkarni	FIRST NAME Praveen	MIDDLE NAME	
		SIGNATURE OF INVENTOR 203		DATE	·.
	POST OFFICE ADDRESS	7 Shepard Hill Road	Danielson	CT COUNTRY	21F CODE 06239
	CITIZENSHIP	Danielson	СТ	U.S.A.	
	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENS	SHIP
	FULL NAME OF INVENTOR	LAST NAME Boulais	FIRST NAME Dennis	MIDDLE NAME R.	• • • • • • • • • • • • • • • • • • • •
		SIGNATURE OF INVENTOR 202		DATE	<u> </u>
	POST OFFICE ADDRESS	110 Mill Street	Framingham	MA STATE OR COUNTRY	01701
	CITIZENSHIP	Framingham	MA	U.S.A.	· ·
RESI	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZEN	SHIP
	FULL NAME OF INVENTOR	LAST NAME Robinson	FRST NAME Don	MIDDLE NAME	
		SIGNATURE OF INVENTOR 201	85	DATE 1 ST. DEC	. 2003
	POST OFFICE ADDRESS	31 Woodlied, Galway Road	Tuam	County Galway, Ireland	
		STREET 31 Woodfield, Galway Road	СПҮ	STATE OR COUNTRY	ŽIP CODE
2	RESIDENCE & CITIZENSHIP	спу Tuam	STATE OR FOREKEN COUNTRY  County Galway	COUNTRY OF CITZES	SHIP
	OF INVENTOR	Austin	Michael		

	POST OFFICE ADDRESS	STREET 200 Warren Street	CITY Waltham	STATE OR COUNTRY MA	ZIP CODE 02453	
	RESIDENCE & CITIZENSHIP	CITY Waltham	STATE OR FOREIGN COUNTRY  MA	COUNTRY OF CITIZENS	HIP	
	FULL NAME OF INVENTOR	Freyman	FIRST NAME Toby	MIDDLE NAME		
		SIGNATURE OF INVENTOR 205		DATE		
	POST OFFICE ADDRESS	10 Hackfeld Road #2	Worcester	STATE OR COUNTRY  MA	zıғ сорв 01609	
2 ) 	RESIDENCE & CITIZENSHIP	Worcester	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENS U.S.A.	HIP	
	FULL NAME OF INVENTOR	LAST NAME Kulkarni	Praveen	MIDDLE NAME	•	
		SIGNATURE OF INVENTOR 203		DATE	·.	
	POST OFFICE ADDRESS	7 Shepard Hill Road	CITY Danielson	STATE OR COUNTRY  CT	и сорв 06239	
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_	FULL NAME OF INVENTOR	Boulais	FIRST NAME Dennis	MIDDLE NAME R.		
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	POST OFFICE ADDRESS	110 Mill Street	Framingham	MA	2IP CODE 01701	
0 2	CITIZENSHIP	Framingham street	MA	U.S.A. STATE OR COUNTRY		
2	OF INVENTOR RESIDENCE &	Robinson	Don STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENS	SHIP	
	FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAMB		
	POST OFFICE ADDRESS	31 Woodfield, Galway Road  SIGNATURE OF INVENTOR 201	Tuam	County Galway, Ireland		
0 1	CITIZENSHIP	Tuam	County Galway	Ireland STATE OR COUNTRY	ZIP CODE	
2	OF INVENTOR RESIDENCE &	Austin	Michael  STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZEN		

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	T	LAST NAME			
	FULL NAME OF INVENTOR	Austin	FIRST NAME Michael	MIDDLE NAME	
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2	CITIZENSHIP	Tuam	County Galway	Ireland	ALIE .
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•	- \$	31 Woodfield, Galway Road	Tuam	County	- 5555
	POST OFFICE			Galway,	
	ADDRESS			Ireland	
		SIGNATURE OF INVENTOR 201		DATE	
	<del></del>		•		
	FULL NAME OF INVENTOR	Robinson	FIRST NAME Don	MIDDLE NAME	
2 .		CITY			
)	RESIDENCE & CITIZENSHIP	Framingham	STATE OR FOREIGN COUNTRY  MA	U.S.A.	SHIP
2	CITIZENSIM	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	POST OFFICE ADDRESS	110 Mill Street	Framingham	MA	01701
		SIGNATURE OF INVENTOR 202		DATE	<u>.                                    </u>
	FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME	
Į	OF INVENTOR	Boulais	Dennis	R.	
	RESIDENCE &	спу	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENS	нр
)	CITIZENSHIP	Danielson	CT	U.S.A.	
,	POST OFFICE	STREET	спу	STATE OR COUNTRY	ZIP CODE
	ADDRESS	7 Shepard Hill Road	Danielson	CT	06239
		SIGNATURE OF INVENTOR 203		DATE	<del></del>
	·	Domindoles		12-11-	2007
	FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME	
	OF INVENTOR	Kulkarni	Praveen		
	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENS	HIP
	CITIZENSHIP	Worcester	MA	U.S.A.	
	2002 022-2-	STREET	спу	STATE OR COUNTRY	ZIP CODE
	POST OFFICE ADDRESS	10 Hackfeld Road #2	Worcester	MA	01609
	·	SIGNATURE OF INVENTOR 205		DATE	
		LACTMAND			
	FULL NAME OF INVENTOR	LAST NAME Freyman	FIRST NAME Toby	MIDDLE NAME	
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	RESIDENCE & CITIZENSHIP	спу Waltham	STATE OR FOREIGN COUNTRY  MA	COUNTRY OF CITIZENS	HUP
	CITEDISTIF			02453	
ſ	POST OFFICE ADDRESS	200 Warren Street	Waltham	MA	2IP CODE 02453
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		SIGNATURE OF INVENTOR 205		DATE	

	1	SIGNATURE OF INVENTOR 205		DATE		
	POST OFFICE ADDRESS	200 Warren Street	Waltham	MA STATE OR COUNTRY	2IP COOE 02453	
2 ) 5	RESIDENCE & CITIZENSHIP	Waltham	STATE OR FOREIGN COUNTRY MA	COUNTRY OF CITIZENS	iiP	
	FULL NAME OF INVENTOR	LAST NAME Freyman	FIRST NAME Toby	MIDDLE NAME		
		SIGNATURE OF INVENTOR 204	care	Jan 07	7,2004	
•	POST OFFICE ADDRESS	STREET 10 Hackfeld Road 相	Worcester	STATE OR COUNTRY  MA		
2 0 4	RESIDENCE & CITIZENSHIP	Worcester	STATE OR FOREIGN COUNTRY  MA	COUNTRY OF CITIZENS  U.S.A. Inchi		
	FULL NAME OF INVENTOR	LAST NAME Kulkarni	FIRST NAME Praveen	MIDDLE NAME		
	·	SIGNATURE OF INVENTOR 203		DATE	·.	
-	POST OFFICE ADDRESS	street 7 Shepard Hill Road	CITY Danielson	STATE OR COUNTRY  CT	ZIF CODE 06239	
2 0 3	RESIDENCE & CITIZENSHIP	Danielson	STATE OR FOREIGN COUNTRY  CT	COUNTRY OF CITIZENS U.S.A.	нр	
2	FULL NAME OF INVENTOR	LAST NAME Boulais	FIRST NAME Dennis	MIDDLE NAME R.		
		SIGNATURE OF INVENTOR 202		DATE		
	POST OFFICE ADDRESS	110 Mill Street	Framingham	MA	2IP CODE 01701	
0	CITIZENSHIP	Framingham	МА	U.S.A.	I am con-	
2 .	FULL NAME OF INVENTOR RESIDENCE &	Robinson CITY	FIRST. NAME Don STATE OR FOREIGN COUNTRY	MIDDLE NAME  COUNTRY OF CITIZENS	SHIP	
		SIGNATURE OF INVENTOR 201		DATE		
	POST OFFICE ADDRESS	31 Woodfield, Galway Road	Tuam	County Galway, Ireland		
2 0 1	CITIZENSHIP	Tuam street	County Galway	Ireland STATE OR COUNTRY		
_	RESIDENCE &	<del> </del>	STATE OR FOREKIN COUNTRY	COUNTRY OF CITIZENSHIP		
	FULL NAME OF INVENTOR	Austin	FIRST NAME Michael	MIDDLE NAME		

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	FULL NAME	LAST NAME	FIRST NAME	MIDDLB NAMB	
	OF INVENTOR	Austin	Michael		
2	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITEZENSHIP	
)	CITIZENSHIP	Tuam	County Galway	Ireland	
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	- 5	31 Woodfield, Galway Road	Tuam	County	
	POST OFFICE			Galway,	
	ADDRESS			Ireland	<u> </u>
		SIGNATURE OF INVENTOR 201		DATE	-
	FULL NAME	LASTNAME	FIRST NAME	MIDDLE NAME	
	OF INVENTOR	Robinson	Don		
2 .	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENS	SHUP
) !	CITIZENSHIP	Framingham	MA	U.S.A.	
•	POST OFFICE	STREET	стту	STATE OR COUNTRY	ZIP CODE
	ADDRESS	110 Mill Street	Framingham	MA	01701
	<del></del>	SIGNATURE OF INVENTOR 202	I.	DATE	
	FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME	
	OF INVENTOR	Boulais	Dennis	R.	
?	RESIDENCE &	слу	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENS	HIP
) }	CITIZENSHIP	Danielson	CT	U.S.A.	
,	DOOT OFFICE	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	POST OFFICE ADDRESS	7 Shepard Hill Road	Danielson	CT	06239
		SIGNATURE OF INVENTOR 203		DATE	1
		LAST NAME	BIDGENIAME	Lambia Street	••
	FULL NAME OF INVENTOR	Kulkarni	Praveen	MIDDLE NAME	-
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2	RESIDENCE &	Warranter	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENS	HIP
	CITIZENSHIP	Worcester	MA	U.S.A.	
	POST OFFICE	STREET	спу	STATE OR COUNTRY	ZIP CODE
	ADDRESS	10 Hackfeld Road #2	Worcester	MA	01609
		SIGNATURE OF INVENTOR 205		DATE	
	FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME	
	OF INVENTOR	Freyman	Toby		
2	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENS	HIP
)	CITIZENSHIP	Waltham	MA	02453	
i		STREET	CITY	STATE OR COUNTRY	ZIP CODE
	POST OFFICE ADDRESS	200 Warren Street	Waltham	MA	02453
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	T	LAST NAME	FIRST NAME	MIDDLE NAME	·
1	FULL NAME			J.	
	OF INVENTOR	Epstein	Samuel	J	
2	RESIDENCE &	сту	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENS	HIP .
0	CITIZENSHIP	Watertown	MA	U.S.A.	
١	DOOR OFFICE	STREET	СПҮ	STATE OR COUNTRY	ZIP CODE
	POST OFFICE ADDRESS	H Galen Street, #1	Watertown	MA	02472
		SIGNATURE OF INVENTOR 205	//	DATE ,	<u> </u>
		Controller to the second	<del>/</del>	12/2	
	FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME	
	OF INVENTOR	Naimark //	Wendy		
2	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP	
0 7	CITIZENSHIP	Cambridge	МА	Canada	
/	noom ormion	STREET	СПУ	STATE OR COUNTRY	ZIP CODE
	POST OFFICE ADDRESS	2 Ware Street #306	Cambridge	MA	02138
		SIGNATURE OF INVENTOR 205		DATE	·
		1	12.02.03		
	FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME	
	OF INVENTOR	Schwartz	Marlene		
2	RESIDENCE &	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENS	HIP
0 8	CITIZENSHIP	Auburndale	MA	U.S.A.	
٥	POGE OPPIGE	STREET	CITY	STATE OR COUNTRY	ZIP CODE
	POST OFFICE ADDRESS	161 Islington Road	Auburndale	MA	02466
		SIGNATURE OF INVENTOR 205	1-10-T-1	DATE	<u> </u>

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	T	LAST NAME	T			
	FULL NAME		FIRST NAME	MIDDLE NAME		
	OF INVENTOR	Epstein	Samuel	J.		
2	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENS	SHIP	
0	CITIZENSHIP	Watertown	MA	U.S.A.		
) °		STREET	СПУ	STATE OR COUNTRY	ZIP CODE	
Ì	POST OFFICE	191 Galen Street, #1	Watertown	MA	02472	
	ADDRESS					
i	SIGNATURE OF INVENTOR 205			DATE		
	FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME		
ŀ	OF INVENTOR	Naimark	Wendy			
2	RESIDENCE &	СПУ	STATE OR FOREKEN COUNTRY	COUNTRY OF CITIZENSHIP		
0	CITIZENSHIP	Cambridge	МА	Canada		
7		STREET	CITY	STATE OR COUNTRY	ZIP CODE	
	POST OFFICE	2 Ware Street #306	Cambridge	MA	02138	
l	ADDRESS	2 11 210 512 61 11 300	Cambridge	IVIA	02136	
		SIGNATURE OF INVENTOR 205		DATE	*	
	FULL NAME	LAST NAME	FIRST NAME	MIDDLE NAME		
	OF INVENTOR	Schwarz	Marlene			
2	RESIDENCE &	СПУ	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP		
0	CITIZENSHIP	Auburndale	MA	U.S.A.	i	
8		STREET	СПУ	STATE OR COUNTRY	ZIP CODE	
	POST OFFICE	161 Islington Road	Auburndale	MA	02466	
	ADDRESS	101 Islandion Road	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,174	02400	
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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicat	tion of:	Austin et al.	Confirmation N	lo.:	ТВА		
Serial N	o.:	To be assigned	Art Unit:	ТВА			
Filed:		Concurrently herewith	Examiner:	ТВА			
For:		ED MEDICAL DEVICE AND METHOD ANUFACTURING THE SAME	_	•		10177-095-999 999093	
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		REVOCATION AND POWER O	FATTORNEY	<u>-</u>			
Commis P.O. Bo		or Patents					
Alexano	iria, VA	22313-1450					
Sir:							
appoint		Life Systems, Inc. (applicant or assignee) hereb	oy revokes any a	nd all pr	eviou	s powers and	
 ⊠		oners at Customer Number 20583					
transact	as his/l	ner/its/their attorney(s) or agent(s) to prosecut ness in the United States Patent and Trademark (	e the application Office connected	n identif I therewi	fied al	bove, and to	
	Please	direct all correspondence address for the above-i	dentified applica	ation to:			
Ø	The abo	ove mentioned Customer Number.		•		·	
×	Firm o	r Individual Name:					
Addres	ss:	Jones Day, 222 East 41st Street, New York,	New York 100	<u>17</u>			
Teleph	one:	(212) 790-2803				•	
I am th	e:   	Applicant/Inventor Assignee of record of the entire interest. See (Statement under 37 CFR 3.73(b) is applicate				-	
	Statement Under 37 C.F.R. 3.73(b)						
	SciMed Life Systems, Inc. states that it is:  the assignee of the entire right, title, and interest; or an assignee of less than the entire right, title and interest. The extent (by, percentage) of its ownership interest is						
in the p	oatent ap	plication/patent identified above by virtue of eit	her:				
		An assignment from the inventor(s) of the p The assignment was recorded in the United at Reel , Frame , or for y	atent application States Patent an which a copy the	d Trade	mark	Office on	

OR						
OK		A chain of title from the to the current assignee a		f the patent application/patent identified above v:		
	ŧ			ited States Patent and Trademark Office on or for which a copy thereof is attached.		
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		itle are listed on a supplemental sheet.				
		[Note: A separate copy original document) mus CFR Part 3, if the assign MPEP 302.08]	(i.e., the original to be submitted to be submitted to be	ents in the chain of title are attached.  nal assignment document or a true copy of the to Assignment Division in accordance with 37 recorded in the records of the USPTO. See		
	The un	dersigned (whose title is	supplied below	v) is authorized to act on behalf of the assignee		
		ASSIGNE	EE: SciMed I	ife Systems, Inc.		
Date:	<u>ئ</u> :	3/5/04	Signature:	Swith the		
			Typed Name:	Scott T. Bluni,		
			Position/Title	Assistant Secretary SciMed Life Systems, Inc. One Scimed Place Maple Grove, MN 55311-1566		
Note: Signatures of all the inventors or assignees of record of the entire interest or their respresentative(s) are required. Submit multiple forms if more than one signature is required.						
☐ Tota	al of for	ms are submitted.				